

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: No

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: No

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: Managing Bursts of Data

Attorney Docket Number:: SDV-001A

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: Yes

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Stephen

Middle Name::

Family Name:: Gordon

Name Suffix::

City of Residence:: North Andover

State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 65 Berkeley Road
City of Mailing Address:: North Andover
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01845

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: John
Middle Name::
Family Name:: Iler
Name Suffix::
City of Residence:: Burlington
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 9 Brookside Lane
City of Mailing Address:: Burlington
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01803

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Tim
Middle Name::
Family Name:: Hellman
Name Suffix::
City of Residence:: Concord
State or Province of Residence:: MA

Country of Residence:: USA
Street of Mailing Address:: 240 Border Road
City of Mailing Address:: Concord
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01742

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional of	60/431,407	12/6/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::